

Program Location: **Vista Grande Community Center**

<b>PROGRAM(S) REGISTERING FOR:</b> Please Check all that Apply	<b>(Please Print) FATHER/GUARDIAN</b> Authorized to pick-up child/children <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Summer Regular <input type="checkbox"/> Parky's Pals <input type="checkbox"/> Summer Extended <input type="checkbox"/> Other (specify) _____ Has child attended in previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Employer: _____ Home Address: _____ Business Phone: _____ City/State: _____ Zip: _____ Email: _____ Home Phone: _____ Cell: _____
<b>Free/Reduced date of application</b> _____ Pre-approved Free _____ Reduced _____ Mgr Name _____ Admin. Apprd _____ Disapprd _____ Free _____ Red _____	<b>(Please Print) MOTHER/GUARDIAN</b> Authorized to pick-up child/children <input type="checkbox"/> yes <input type="checkbox"/> no
<b>(Please Print) FIRST CHILD</b>	Name: _____ Employer: _____ Home Address: _____ Business Phone: _____ City/State: _____ Zip: _____ Email: _____ Home Phone: _____ Cell: _____
Name: _____ School: _____ Grade: _____ Age: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Will your child be <input type="checkbox"/> picked up <b>or</b> <input type="checkbox"/> walk home Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information Does the child have a disability that requires accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify: _____ If yes, contact the Department Inclusion Manager at 314-0414.	<b>(Please Print) MEDICAL INFORMATION</b> Child's Name: _____ Child has the following condition(s): _____ Current medication and time taken, special diet, allergies, treatment : _____ Other Information: _____
<b>(Please Print) SECOND CHILD</b>	Describe any behaviors that might be affected or caused by the above: _____ Child's limitations: _____ If there are any changes in a child's health status during the year, parents must notify BCPR immediately.
Name: _____ School: _____ Grade: _____ Age: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Will your child be <input type="checkbox"/> picked up <b>or</b> <input type="checkbox"/> walk home Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information Does the child have a disability that requires accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify: _____ If yes, contact the Department Inclusion Manager at 314-0414.	<b>(Please Print) EMERGENCY CONTACT</b> Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Pager: _____ Hospital: _____ Doctor: _____
<b>(Please Print) THIRD CHILD</b>	Name: _____ School: _____ Grade: _____ Age: _____ Birthdate: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information Does the child have a disability that requires accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify: _____

If yes, contact the Department Inclusion Manager at 314-0414.

Insurance Company:

## BCPR CUSTODIAL CARE INFORMATION

My Child/Children are under the custodial care of: (Check one) ☐ Both Parents ☐ Mother only ☐ Father only ☐ Other

**I authorize the following people (other than the people listed on the front) to pick up my Child/Children. PLEASE NOTE: *ALL authorized individuals must be at least 15 years old to sign out a program participant.* Identification is required.**

1.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
2.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
3.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
4.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
5.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
6.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone

**Please list any persons who might attempt to pick up your Child/Children but are not authorized to do so: *\*Supporting documentation is required.\****

1.	_____	_____
	Name	Relationship
2.	_____	_____
	Name	Relationship
3.	_____	_____
	Name	Relationship
4.	_____	_____
	Name	Relationship

**\*\*If there are any changes to these arrangements you must notify the community center immediately.**

**Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_**

## ADDITIONAL INFORMATION

## PLEASE READ & SIGN

I will **not** hold Bernalillo County Parks & Recreation Department or its staff, including directors, managers, agents, representatives, or employee's responsible for any injuries and liabilities that may occur while participating in any activities held at the site, on field-trips or special events. I will not hold Bernalillo County responsible for any injuries, which may be sustained during *travel* between the site and an activity or other location. I further state that my child/children is capable and **can** participate in **all** BCPR activities.

**Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_**

\*\*\*PARENTS MUST RETURN THIS PAGE WITH THE NECESSARY SIGNATURES\*\*\*

If participants do not follow the **Code of Conduct** and **Behavior Correction** is needed, staff will follow these advancing **Behavior Correction** steps. It should be clear that by not responding to staff, a participant could go from Level I to IV very quickly.

### **Level I** **Verbal Warning**

The specific inappropriate behavior is pointed out and the participant is given an explanation **why** this behavior is inappropriate. They will be asked to correct it. A verbal warning is given not to repeat the behavior. (If the behavior is **severe** enough, dependent on staff judgement, an Incident Report will be used and placed in the participant's file).

### **Level II** **Removal from Group**

After repeated verbal warning have been given with **no change** in the behavior, the participant is **removed from the group** in a "time out" fashion for 5-15 minutes. After this time out period, the participant is asked whether he/she wishes to rejoin the group and *change their behavior*. If yes, participant rejoins the group. If no, a **supervisor** is called. Level II Code of Conduct violation and above **automatically** results in the behavior being **documented** using an **Incident Report**. It is placed in the participant's file. Parent's will be called and informed of the situation.

### **Level III** **Conference**

Verbal warnings and removal from the group have proven *unsuccessful*. At this level, parents will be called in for an **immediate conference**. This may include one or all of the Center's Administrative Team, participant and possibly the staff person on shift when the incident occurred. An **Action Plan** will be developed **at that time**. It will include the following:

1. specific behavior that needs to be corrected
2. how this will be accomplished
3. time frame in which specified behavior must be changed

All notes/documentation from this meeting, with signatures, will be placed in the participant's file.

### **Level IV** **Suspension or Termination**

After the above steps have been attempted, **with no change in behavior**, the Manager will suspend the participant for 1-30 days **or terminate their involvement at the center**. The Director or Assistant Directors for Bernalillo County Parks and Recreation may review this action. **Prior** to the participants returning to the center, a **parent-participant-staff** conference will be scheduled and a *revised* action plan will be established.

*Please note:* In cases of behavior being **more severe or criminal in nature**, the participant may well skip other levels and be suspended or terminated from participation of some or all activities at BCPR facilities.

I parent/guardian of \_\_\_\_\_ have carefully read, understand and will provide support to BCPR so that my child/children participating at the center complies with the **Code of Conduct** and understands the **Behavior Correction Levels**.

\*\*\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

# Bernalillo County Media Services Talent Release Form



Talent Name: \_\_\_\_\_ Project Title: Highlighting Bernalillo County Parks and Recreation  
Department

I hereby consent without consideration or compensation to the use (full or in part) of all videotapes/still pictures taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance

at \_\_\_\_\_ on \_\_\_\_\_

(Recording Location)

(Month) (Day) (Year)

by \_\_\_\_\_ for Bernalillo County Public Information Office  
(Producer) (Producing Organization)

for the purposes of illustration, broadcast, or distribution in any manner.

**Talent's signature** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

**Legal guardian** \_\_\_\_\_

(sign/print name)

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone number** \_\_\_\_\_